

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

City of Globe

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169

County Registrar No. \_\_\_\_\_

Local Registrar No. 243

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Darell Eugene England ; If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male  
To be answered ONLY in event of plural births.

4. Twin, triplet or other 2  
5. No., in order of birth \_\_\_\_\_

6. Legitimate? yes

7. Date of birth Nov. 20, 1926  
Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

5. FATHER

Full name Earl England

9. Residence (Usual place of abode) Globe, Arizona

If nonresident, give place and state \_\_\_\_\_

10. Color or race white

11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Greenfield

(State or country) Missouri

13. Occupation

Nature of industry miner

14. MOTHER

Full maiden name Agness Cavanaugh

15. Residence (Usual place of abode) Globe, Arizona

If nonresident, give place and state \_\_\_\_\_

16. Color or race white

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Calio,

(State or country) Missouri

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living one  
(b) Born alive but now dead none  
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 14 m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature T. C. Harper M.D.

Address Globe, Arizona

Given name added from supplemental report \_\_\_\_\_

Month, day, year.

Filed 11-30, 1926

Local Registrar.

Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

454-1120-138